

## ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☐ Ms.☒ yes☐ no☒ Mr. Artist

MICHAEL R. MAYOCH

(Last Name Last)

Permanent

Address

1259

MEADOW DR.

KENT

Street

City

44240

Tel. 216 678-0556

Zip

Area Code

Temporary

Address

Street

City

Tel. ( )

Zip

Area Code

Permanent address is in what county?

PORTAGE

Born in Cuyahoga County

☒ Yes☐ No

Collaborator

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.☐ Museum should dispose of.☐ Museum should ship to artist C.O.D. at this address:

## Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

#2 Needs DIM LIGHT

L.C. #1 Needs Bright light

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Michael R. Mayo

## ENTRY BLANKS

1

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography  
☐ 4. Sculpture ☒ 5. Electric ☐ 6. Crafts

Medium or Materials

MIXED w/electronics

Title

L.C.#1

Price or NFS

\$800.00

Insurance Value  
If NFS Only~~\$250.00~~

Size

10'x6'x7" APPROX.

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale

Total No. In Edition

Price  
UnframedPrice of  
Frame

DO NOT WRITE IN THIS SECTION

1 (5)

ACCEPTED

REJECTED

FEE PAID

BY

10/21

L.H.

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography  
☐ 4. Sculpture ☒ 5. Electric ☐ 6. Crafts

Medium or Materials

GLASS, PLASTIC, electronics

Title

#2

Price or NFS

\$250.00

Insurance Value  
If NFS Only

\$250.00

Size

24"x24"x15"

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale

Total No. in Edition

Price  
UnframedPrice of  
Frame

DO NOT WRITE IN THIS SECTION

2 (5)

ACCEPTED

REJECTED

RECEIVED

BY

10/21

AIL

DO NOT DETACH

1976 MAY SHOW

The Cleveland Museum of Art  
Cleveland, Ohio 44106

Dates for Pick-up of Objects

Museum Service Entrance  
9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects  
November 15 through November 27

Accepted Objects  
January 10 through January 15

It is understood that the Museum will have the right to dispose  
for its own account any object not called for by the dates listed.

*Please keep address within this box for window envelope.*

Name	MICHAEL R. MAYOLIK	
Address	1259 MEADOW DRIVE	
City & State	KENT, OHIO	Zip 44240

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your  
notification of acceptance or rejection.

# ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

RECEIVED

DO NOT DETACH



1

- ☐ 1. Paintings
 ☐ 2. Graphics
 ☐ 3. Photography  
☐ 4. Sculpture
 ☒ 5. Electric
 ☐ 6. Crafts

Medium or Materials

MIXED w/electronics

Title

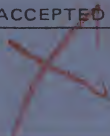
L.C. #1

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

1 (5)



DO NOT DETACH



2

- ☐ 1. Paintings
 ☐ 2. Graphics
 ☐ 3. Photography  
☐ 4. Sculpture
 ☒ 5. Electric
 ☐ 6. Crafts

Medium or Materials

GLASS, PLASTIC, electronics

Title

#2

UH

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

2 (5)

